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**Statement on behalf of the Pan American Health Organization/ World Health Organization
Gender and Cultural Diversity Unit**

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Madam President:

Distinguished Delegates:

Ladies and Gentlemen:

Ethnicity and Health

Afro-descendant population in the region of the Americas

The Region of the Americas—North America, South America, and the Caribbean (hereafter referred to simply as “the Region”)—is characterized by its cultural diversity. Afro-descendants, together with indigenous peoples and Romani present higher levels of rurality, poverty, unemployment, illiteracy, and migration, coupled with them having less access to both health services and environmental sanitation services.

Consequently, the health status of these groups is more deteriorated than among the rest of population, thus presenting an epidemiological mosaic. While communicable diseases (such as HIV/AIDS, STIs, or tuberculosis) continue to be important cause of morbidity and mortality, chronic degenerative diseases (such as cardiovascular disease and cancers) are on the rise—together with urban health problems (external causes such as violence, suicides, and accidents; alcoholism and drug-dependency; pollution, deterioration, and destruction of the environment; etc.

Afro-descendant adolescents, as well as those from other ethnic/racial groups, are affected by a lack of opportunities and equity in both their access to and utilization of resources. Reproductive health problems have become part of women’s health profile; moreover, Afro-descendant women and women from other racial/ethnic groups find their situation worsened by discrimination, suffering by virtue of their ethnicity. In many cases, these women’s situation is aggravated by their being illiterate and monolingual or by the fact that they live in remote areas.

When compared to the rest of the population, these factors reveal profound inequalities in living conditions that have an impact on these groups’ health. Thus, the Pan American Health Organization/World Health Organization (hereafter referred to as PAHO) is aimed at:

- formulating responses that will strengthen informed dialogue, communication, and interrelationships between institutional personnel and the population at large; and
- forging mutual commitments between people and institutions on the basis of agreements and dialogue established through a process of mutual respect and equal opportunity, aimed at truly capturing the thoughts and expectations of the population as a whole—including Afro-

descendants and other ethnic/racial groups—through an intercultural mindset that will make inroads in resolving the problems they face.

The Health Agenda for the Americas 2008-2017 recognizes that the Region is heterogeneous and that its populations have different needs as well as different sociocultural approaches for improving health. The agenda proposes the principle of equity in health, manifested by efforts to eliminate all avoidable, unjust, and remediable health inequalities among populations or groups.

The majority of agencies (i.e., governments, the United Nations system, and national and international development agencies) agree that the risks impeding people's development and well-being stem from an unequal distribution of goods and services. This imbalance has led to situations characterized by exclusion and vulnerability among broad segments of the various populations.

In 2003, the 132nd Session of PAHO's Executive Committee reviewed document CE132.16, Ethnicity and Health, in response to a request made for the Committee to formulate its observations on the importance of collecting health data on ethnic groups. It was also to investigate the need to incorporate ethnic/racial sensitivity that would in turn contribute to reaching the MDGs through a perspective aimed at reducing health inequities. The rationale was that the Region of the Americas presents a broad spectrum of cultural heritages and ancestries that allows for identifying certain segments of the population as socially and demographically important ethnic/racial groups. To contribute to the debate and assess the health status of ethnic minorities, PAHO compiled and analyzed the available health information. This shed light on existing health gaps that negatively affect ethnic/racial groups. PAHO came to the conclusion that the Region needs to develop public health policies that respond to the specific needs of these groups, as a prerequisite for achieving increased health equity in the Americas. The document pointed out that, despite great strides having been made during the past decade in improving the health of indigenous populations, this not only did not result in eliminating the problems but—on the contrary—made it ever more imperative to incorporate other social groups, such as Afro-descendants, currently faced with the common problem of having to deal with social exclusion.

Information on the health status of Afro-descendants in the Region of the Americas is limited, incomplete, and non-representative. In the majority of national health registries, these peoples are statistically invisible: there is no variable for ethnic origin, which makes it impossible to conduct a reliable and exhaustive analysis of inequalities between these groups and others in the population. One of the priorities of PAHO efforts is to improve data on the health and disease status of the different ethnic/racial groups in terms of availability, updating, quality, and dissemination.

The available information on Afro-descendants in the Region shows a worse social and health situation involving less access to and utilization of health services when compared to the rest of population.

Most of the population of African descent is concentrated in Brazil and in the United States. According to the census in Brazil, round 2010, Afro-descendants constituted about 50.9% of the country's total population.

The fact that rural areas have less access to improved sources of drinking water and sanitation than urban areas primarily affects Afro-descendants and other groups, since a fifth of the Afro-descendant population (19%) live in rural areas. Unmet basic needs are 30% higher among Afro-descendants, as compared to the rest of the population.

Women of African descent ages 15–29 have fewer opportunities for work or study than do their male peers. According to census data from nine countries¹, this situation affects between 7% and 27% of Afro-descendant men—but between 21% and 50% of Afro-descendant women.

Maternal mortality—considered to be the result of a women not being able to exercise their human rights—is greater among Afro-descendants. In the United States in 2005, maternal mortality was greater among African Americans than among whites (31.7 and 9.6 per 100,000 live births, respectively).

Similar inequalities exist with mortality from chronic diseases. In the United States, mortality from cardiovascular disease and strokes was 29% for the entire population—but was 40% higher among African Americans than among whites. African American women are twice more likely to die from cervical and breast cancer than are white women.

PAHO/WHO Resolutions and ongoing work

In 2004, PAHO created the Gender and Ethnicity Unit (today, Gender and Cultural Diversity Unit, GD), in order to facilitate the integration of these two dimensions—gender and ethnic origin—as social determinants of health that cross-cut all PAHO’s technical cooperation from the standpoint of health equity. Today, GD works in coordination with other programs in order to improve the well-being of all groups co-existing in the Region.

In 2010, PAHO Member States approved Resolution CD50.R82, Health and Human Rights. It recognized that the human rights instruments of the United Nations and Inter American systems are useful for the progress of the Member States towards the achievement of the Millennium Development Goals (MDGs). Its concept paper, CD50/12 specifically refers to ethnic minorities among the groups living in situation of vulnerability.

Yet, more recently, PAHO Member States approved Resolution CD53.R14, Strategy on Universal Access to Health and Universal Health Coverage, which, specifically refers to ethnicity as essential to the core principles and aims of universal care and access³. This Strategy is in concordance with the proposed Sustainable Development Goals, which explicitly state the intention of “no one left behind”. The Strategy considers gender, ethnicity, age, and economic and social status as specific social determinants that have a positive or negative impact on health inequities.

PAHO/WHO is currently developing a Strategy on Ethnicity and Health which will serve to face the greatest challenge that still persists: to increase the different groups’ access to and utilization of health services, at both the local and national levels. Moreover, this Strategy will provide support to Member States through technical cooperation to prepare policies, plans and programs that will apply intercultural approaches to health and that will take into account the different needs in the Region, in order to improve the well-being of Afro-descendants and other ethnic/racial groups.

¹ The nine countries are Brazil (2000), Colombia (2005), Costa Rica (2000), Ecuador (2001), El Salvador (2007), Guatemala (2002), Honduras (2001), Nicaragua (2005), and Panama (2010).

² See documents CD50/12 and CD50.R8 of the 50 PAHO Directing Council, Health and Human Rights

³ See document CD53/5, Rev.2 of the 53 PAHO Directing Council (2014), Strategy for Universal Access to Health and Universal Health Coverage

From an inter-programmatic perspective, PAHO continues working to improve the health of Afro-descendant people with a focus in tuberculosis and other communicable diseases, mental health, etc. In 2013, a regional meeting was organized by PAHO in La Ceiba (Honduras): *Tuberculosis among Afro-descendant population in the Region: challenges and opportunities for its control*. Participating at this meeting were representatives from the Ministries of Health and from civil society. Appropriate and relative challenges, best-practices, and lessons were identified, with additional activities planned for the future.

Specific interventions

Inter-agency level

At the inter-agency level, PAHO/WHO is actively involved in collaborating with the Inter-American Development Bank (IADB), the World Bank (WB), the International Law Department (OAS), the Permanent Mission of Colombia to the OAS and with the Race, Ethnicity, and Social Inclusion Unit of the State Department to commemorate the Decade on African-Descent in the Americas.

In this regard, a series of activities have been scheduled for the week of 20-24 April: Decade of Afro-Descendants in the Americas - Opportunities and Challenges. The objective of these activities is to promote the exchange of ideas for the realization of concrete actions in the context of the Decade. An event co-organized by PAHO and IADB will take place on Monday 20 April to address health in the context of the Decade, including good practices on intercultural health in the region as well as PAHO advances in the elaboration of a new Strategy on Ethnicity and Health.

Country level activities:

PAHO is also conducting relevant work in the field of Afro-descendant population at a country level.

Actions steps from **PAHO Office in Brazil** can be divided into two categories: 1) internal interventions (including, among others, awareness raising workshops and educational activities within the organization); 2) external interventions include: (i) development of the online document on the baseline of the Decade, with main health indicators disaggregated by racial criteria; (ii) Workshop to develop the health agenda for Afro-descendant population in Brazil; (iii) workshops with civil society; (iv) technical cooperation to the Ministry of Health in order to implement the National Policy on Health Care for Afro-descendant population; (v) advocacy at different governmental levels to expand the access and improvement of the health services quality.

PAHO Office in Brazil also works at an inter-agency level in order to reduce inequities and promote empowerment of Afro-descendant people in the country. The Inter-agency Working Group on Gender, Race and Ethnicity operates in Brazil since 2008. A planning workshop was organized with the support of PAHO Brazil to develop the Plan of Action of the UN. The main objective was the promotion of equality of opportunities and treatment between Afro and non Afro-descendants and the elimination of any form of racism.

Honduras PAHO Office is collaborating with other partners in a Project proposal dealing with the health and social determinants of indigenous peoples and Afro-descendants in the country. This proposal aims at producing relevant, reliable and representative information related to the situation of social determinants to health and indicators. It will provide support in the design and/or strengthening of policies and interventions aimed at improving the health of the Afro-descendant population in the country.

Peru

In Peru, in order to articulate joint areas of work, collaboration is being discussed with the organization of Afro-Peruvian youth *Ashanti*. This organization has more than 200 volunteers distributed in the different regions of the country with the highest concentration of Afro-descendant population, such as Pirua, Lima-Callo, Chincha and Ica.

PAHO/WHO reiterates its commitment to continue working with the UN System, Ministries of Health, civil society and other key stakeholders for the promotion of the right to health of Afro-descendant people living in the Americas.